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Bib Data Sheet

CONFIRMATION NO. 5414

<b>SERIAL NUMBER</b> 09/749,330	<b>FILING DATE</b> 12/27/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166 3626	<b>ATTORNEY DOCKET NO.</b> 5218-78
<b>APPLICANTS</b> Walter J. Pories, Macclesfield, NC; Mohammad Tabrizi, Greenville, NC;				
<b>** CONTINUING DATA *****</b> none Ln 11-1804				
<b>** FOREIGN APPLICATIONS *****</b> none Ln 11-18-04				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 05/17/2001</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 57
Verified and Acknowledged Examiner's Signature <i>Sera Najariano</i> Initials <i>LN</i>		<b>INDEPENDENT CLAIMS</b> 9		
<b>ADDRESS</b> 20792				
<b>TITLE</b> Systems, methods and computer program products for creating and maintaining electronic medical records				
<b>FILING FEE RECEIVED</b> 993	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	